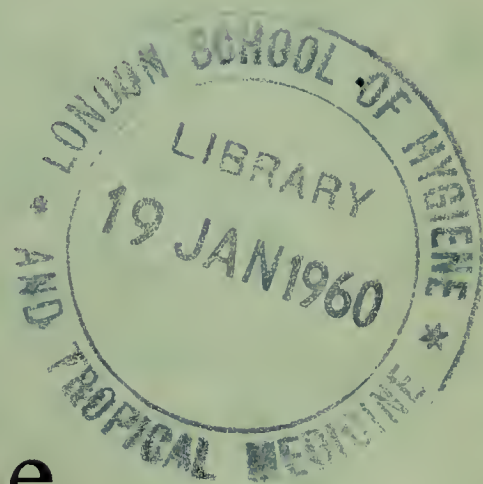


AC. 44642.

City of Wakefield  
Education Authority

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Report of the  
Principal  
School Medical Officer  
for the Year 1958





Public Health Department  
Town Hall Chambers  
King Street  
Wakefield  
August, 1959

*To the Mayor, Aldermen and Councillors  
of the City of Wakefield.*

Mr. Mayor, Ladies and Gentlemen.

I have to present my Annual Report on the School Health Service.

The first point I have to make is in connection with the loss of Miss McManus, our Physiotherapist, who left the service in July, 1958. In spite of intensive efforts to find a successor to Miss McManus, we have been unsuccessful, and without a physiotherapist we are seriously handicapped in the treatment of school-children. It is true that a considerable amount of physiotherapy is carried out in the hospitals, but the minor deviations from the normal were dealt with by the physiotherapist in the School Clinic, and this service was very useful, convenient, and beneficial.

### **Child Guidance Service**

The Child Guidance Clinic, which has been established for some time, has made great progress since the appointment of Dr. Leese from the Regional Board as a Consultant Psychiatrist, doing two sessions a week.

Things are going very well, and we are seeing a large number of cases, and some positive action is being taken about them.

I still think that the administrative arrangements in connection with the ascertainment of Handicapped Children are too cumbersome, and that procedure could be considerably shortened with advantage to the children. In connection with placing of children we are having frequent conferences between the School Medical Officer, Child Psychologist, the Psychiatrist and the Head Teacher of the School for Educationally Sub-Normal children at Belle Vue School. It is very important that the Child Guidance Service should be entirely quiet and unobtrusive, as many mothers think that the Child Guidance Service indicates a failure on their part to do something with their children, and are often shy and reluctant to make use of it — or, indeed, are aggressive over it in that they feel that we are interfering in their own private life.



The social work of Mrs. Stevenson, however, who was appointed after the resignation of Mrs. O'Loughlin, has made headway in this respect. A great deal of good work is done as a result of discussion between us about these cases.

### **Dental Clinic**

The Dental treatment throughout the year has not been up to its usual standard but lost progress, mainly because of the increasing amount of work for one dentist, but I have to say that, since the appointment, at the time of writing, of a part-time dental officer who is working five sessions a week for the School Health Service, considerable progress has been made in the number of inspections and treatments.

### **Screening of Deaf Children**

During the year efforts were made to get Dr. Taylor from the Department of the Deaf, Manchester University, to come over and instruct our school nurses in the carrying out of screening tests for the ascertainment of deafness in young children, and this has been done with great success.

Our nurses are now able to screen young children for acuity of hearing. This screening is a very specialised process, and it has to be done even before the age of two years, in order that we may assess whether or not the child is backward, or merely deaf, and it is done in a very particular way. I am grateful to the committee for acceding to the expenditure involved in bringing Dr. Taylor to this town.

### **Feeding Habits of Schoolchildren**

Perusal of page 9 shows an average increase in the height and weight of girls and boys this year over the year before. This is an average figure. And I must say that this is a good thing, up to a point. If height increases, then weight should also increase, but increase in proportion, not out of proportion. An increasing number of girls and boys have been reported to me by the school nurses as obese and eating excessively. Such a state of affairs is unhealthy, and has become pathological.

Today, we feed our boys and girls to excess, The Schools Meals Service caters for school children, and gives them an adequate number of calories to keep them growing and healthy without any further big meals for the rest of the day.

And yet how many of these boys and girls have good breakfasts, and have a high tea as well? This means that they are eating excessively to their own detriment. I wish that they could learn

that to feel empty is not a bad thing. When Mr. Mayor, Ladies and Gentlemen, you and I were younger, we were told always to rise from the table feeling hungry. Today that seems to be forgotten, and now encouragement is given to children to eat as much as they can. There is a danger in this policy.

The evidence of it is being seen in the ingestion of a substance called cholesterol. Excessive cholesterol, which is derived from fats, is harmful to the circulatory system, in that later on in life it produces an atheromatous state of the arteries. Hence one has to be careful of the quality of the diet one takes. Younger persons are having more cardiac troubles, and a greater number of people are dying as the result of coronary thrombosis. There may be two causes for this — the increased tempo at which we live, and also the excessively rich diet. A third factor, of course, is a corollary of the others and depends upon the others, and that is lack of sufficient exercise.

Although there is a certain amount of exercise in some schools, there is not nearly enough to work off this excessive amount of diet, hence weight is put on, and reluctance to exercise increases.

We have noticed some extraordinarily fat children, and it is a pity that parents are not aware that excessive eating is harmful and dangerous — just as dangerous as excessive smoking and excessive spirit drinking.

A further harmful effect is that interest in food is not a good thing. It tends to rivet a child's interest on his or her own body, and take notice of feelings and emotions which should be in subjection. Excessively rich diet is increasing the rate at which children, girls particularly, become mature physically, that is, able to reproduce their own species — before adult emotional maturity is attained. This substance cholesterol is the progenitor of a substance in the body called oestrogen, which influences the menarche.

Thus we are seeing today an excess of interest in the physical form, and a desire on the part of women to display their sex characteristics at an earlier age than ever before. I mentioned this in my report to the City Council as a matter of serious consideration by the Health Committee.

Propaganda is necessary and teaching is necessary to parents to make them realise that it is not the thing to do to over-feed the child. Nor is it the thing to do to say "Yes" to every request. This



is a hardy annual of mine, this question of home discipline, and I am afraid I see less of it as time goes by.

Because of the new attitude to up-bringing, the word "duty" seems to have slipped from the English language, and although I am talking in general terms, it is pretty evident to those who like to look. Thank goodness there are always exceptions. Thank goodness there are the good parents who make sure that a child understands what duty is: duty to the parents that bear them, feed them, clothe them, and give them, all the necessities of life. And duty carries with it the word "respect". But I am afraid we see a great lack of this respect, of this sense of duty. We see in their place, the worship of worldly goods.

What is it that has caused this flight from the right way of living? In the past, the roots of the right way of living were sown in religious belief. Religious belief today has waned, for complex reasons, and too little attention is paid at school to philosophy. A great deal more is paid to science — pure science.

Discussing this matter with my colleagues, one of them very aptly remarked "The children of today seem to be becoming a group of battery fed creatures — stuffed with knowledge, but lacking wisdom to use it; with only time to think of themselves, and none to think of others."

Right thinking, about life and about oneself, and about others, will always make an excellent person, and will fortify anyone against the vicissitudes of life which approach, and make the stress of life bearable.

I find myself particularly out of tune with giving children so much work to do and so little time to play — to play hard games whereby they may exhaust themselves and sleep the sleep of the just

Now just a word of praise for the teachers. To carry on this business connected with home discipline, no teacher can be expected to teach a class where there is no discipline. The parents have relegated the duty of inculcating discipline to the teachers, which, in my mind has done untold harm to the teaching profession. Teachers cannot inculcate discipline unless they are backed up by the parents. Parents today will attack teachers for attempting to produce discipline. You cannot teach children unless they do what they are asked. If children are so unruly and so rude as to ignore instructions from the person in control, how can they learn, and how can they become good citizens later on?

Teachers can, ~~be~~, break down under the strain of this lack of discipline. There is a general *laissez faire* with regard to

children's behaviour. It is said "Boys will be boys", but it must also be said that "Boys will be men", and they cannot be men unless they are able to exercise self-discipline.

The boy in the Edwardian suit, with his girl counterpart, are a disgrace to this country. It is a sign that these children feel the necessity to show off, to attract attention, and are grossly unsure of themselves because their parents and homes have failed them. Their parents have not wanted to control them, thus they go about in gangs, because only in gangs do they feel secure. Individually, they are cowardly, frightened and pitiable.

I would like to see teachers given more support by the parents. I am not a whole-hearted advocate of corporal punishment, but there are many occasions in which children would benefit. A wholesome respect for authority is what is needed today. There seems to be abroad a spirit of "Down with authority — let us do as we please". Freedom in our democracy implies responsibility, and this country is free only because our forebears made it free. Freedom to do good is the only important thing — freedom to help others, freedom to earn our living in an honest and beneficial way

Thus I salute the teachers of our schools today, who have so much difficulty and so much to put up with, and in whom there is often so much anxiety and nervousness as the result of their being perpetually badgered by unruly children.

I salute the Director and Staff of the Education Department, and my own staff, Deputy School Medical Officer, Assistant School Medical Officer, and the school nurses, for their assistance to me in seeing that the health of the school-children, which is in my care, is as good as it is.

I would also like to thank the members of the Education Committee, particularly the Chairman and Deputy Chairman, for being so understanding of the requests I have made to them this past year.

C. G. K. THOMPSON,

*Principal School Medical Officer.*

## EDUCATION COMMITTEE.

Chairman:

Councillor G. Pilmer

Deputy Chairman:

Councillor F. Ellis

The Mayor:

Alderman D. Longshaw, J.P.

Alderman Mrs. E. H. Crowe, J.P.	Councillor D. Hutchings
Alderman M. Fitzpatrick	Councillor R. K. McKim
Alderman E. Slater, J.P.	Councillor W. Prince, J.P.
Councillor D. Birkinshaw	Councillor S. Tiffany
Councillor E. E. Borkwood	
Councillor H. Green	

### Co-opted Members.

Mrs. K. E. Kingsweil, M.A., J.P.

Mrs. A. Strickland

The Very Rev. N. T. Hopkins, M.A.

Mr. T. Smith

The Very Rev. Mgr. H. Thompson, V.G.

Mr. S. H. Waters, M.A.

Director of Education:

C. L. Berry, M.A.

Principal School Medical Officer:

C. G. K. Thompson, M.B., Ch.B., D.P.H.



## I.—STAFF.

CYRIL GEORGE KAY THOMPSON, M.B., Ch.B., D.P.H.  
Principal School Medical Officer.

GILBERT TATTERSALL, M.A., M.B., B.Ch., B.A.O., D.P.H.  
Deputy Principal School Medical Officer.

JOHN KENNETH BUTTERFIELD, L.M.S.S.A. (Lond.)  
School Medical Officer

GEORGE S. CUBITT, L.D.S. R.C.S. (Eng.)  
Principal School Dental Officer.

\*SYDNEY K. SLEDGE, M.B., Ch.B., D.O.M.S.  
Consultant Ophthalmologist.

\*THOMAS B. HUTTON, M.A., M.B., B.Chir., M.R.C.S.,  
L.R.C.P., D.L.O.  
Consultant Otologist.

\*MARION AITKEN PEARSON, M.B., Ch.B., F.R.C.S.  
Consultant Orthopaedic Surgeon.

\*STEPHANIE M. LEESE, M.A., B.Sc., M.B., B.S., M.R.C.S.  
L.R.C.P., D.P.M.  
Consultant Psychiatrist

\*BERNARD R. TOWNEND, O.B.E., F.D.S., R.C.S.(Eng.),  
Dip. Orth., R.C.S. (Eng.), L.D.S.  
Consultant Orthodontist.

ROXBY PEARSON, Senior School Nurse.

Amy Marshall  
Elsie Inman  
Margaret Topliss  
Mary Preston  
Margaret Clark  
Norma Redfearn

\*Ann Ward

} School Nurses

OLWEN PARRY, L.C.S.T.  
Speech Therapist.

Nora McManus, Physiotherapist (resigned 31.8.1958).

Margaret Downing, School Clinic Nurse.

Barbara Ward, Dental Attendant.

Herbert W. Tate, Clerk.

Doreen Blanshard, Assistant to Clerk.

\*Part-time.

## RETURN OF NUMBER OF CHILDREN ON ROLL AT 31st DECEMBER, 1958

Type of School	Number of Schools	Number of Departments	Number on Roll
Primary .. ..	30	37	6361
Secondary—			
Modern .. ..	6	6	2927
Grammar .. ..	1	1	708
Belle Vue Special Day (E.S.N.) School ..	1	1	87
TOTAL .. ..	38	45	10083

### SCHOOL CLINICS

Treatment of Minor Ailments is carried out at the following school clinics:—

**Central Clinic, Margaret Street.**

**Branch Clinics** at Manygates Child Welfare Centre, Snape-  
thorpe School, and Heath View School.

Consultants to the Authority in ophthalmic conditions and ear, nose and throat conditions hold sessions in the central clinic.

**Speech Therapy Clinic.** This clinic is held at Margaret Street.

**Orthopaedic Clinic.** This clinic is held at Margaret Street.

The Consultant Orthopaedic Surgeon attends periodically.

**Ultra Violet Ray Clinic.** This clinic is held at Margaret Street.

**Dental Clinics.** There are three dental clinics, the central clinic being held at the Public Health Department, King Street, and the branch clinics at Snapethorpe School and Manygates Child Welfare Centre.

### PERIODIC EXAMINATIONS AND GENERAL CONDITIONS

2,164 children were examined in the prescribed age groups. Grading into two groups, satisfactory and unsatisfactory, is now the rule.

14 children (0.64 per cent. of those examined) were regarded as unsatisfactory.

## HEIGHT AND WEIGHT. HEIGHT.

Age Group Years	BOYS				GIRLS			
	Average Height				Average Height			
	1958 Ft.   Ins.		1957 Ft.   Ins.		1958 Ft.   Ins.		1957 Ft.   Ins.	
5—6	3	7 $\frac{1}{4}$	3	7	3	7	3	6 $\frac{3}{4}$
10—11	4	5 $\frac{3}{4}$	4	6	4	6	4	5 $\frac{3}{4}$
14—15	5	2	5	1 $\frac{3}{4}$	5	1 $\frac{3}{4}$	5	1 $\frac{1}{2}$

## WEIGHT

Age Group Years	BOYS				GIRLS			
	Average Weight				Average Weight			
	1958 St.   Lbs.		1957 St.   Lbs.		1958 St.   Lbs.		1957 St.   Lbs.	
5—6	3	1	3	0	2	12 $\frac{3}{4}$	2	13
10—11	5	1 $\frac{3}{4}$	5	1 $\frac{1}{2}$	5	1 $\frac{1}{4}$	5	1
14—15	7	7	7	6 $\frac{3}{4}$	7	6 $\frac{3}{4}$	7	6 $\frac{1}{2}$

## CLEANLINESS.

### 1. Cleanliness of the Head.

Of the 2,164 children examined at periodic medical inspections 14 (0.64) were found to have verminous heads, and of these 4 were excluded from school.

### 2. Cleanliness of the Body.

8 children were noted at periodic medical inspections with dirty bodies (0.37 per cent.).

## RESULTS OF SYSTEMATIC INSPECTION BY SCHOOL NURSES OF CHILDREN IN SCHOOLS AS REGARDS CLEANLINESS, ETC.

Total number examined .. .. .	25,957	
Number found to be infested with vermin	264	(1.02 per cent.)
Number excluded from school .. ..	106	(0.41 per cent.)
Number with minor infestations ..	158	(0.61 per cent.)



Average number of days absent from school	4
Number of Forms 1 issued .. ..	82
Number of Forms 2 issued .. ..	38
Number of Forms 3 issued (Orders to Cleanse) .. .. .	9
Number of Forms 4 issued .. ..	17
Number cleansed at Central School Clinic	18

4 prosecutions took place during 1958, the fines being £1 in two cases and 10/- in two cases.

In all cases of infestation the parents are notified and advice as to treatment given, the School Nurses following up the cases.

Children requiring to be cleansed attend at the Town Hall Chambers, King Street, where the cleansing is carried out by a Home Help, under the supervision of a School Nurse.

A cleanliness inspection of all children is carried out in every school each term. The school nurses endeavour to complete the inspections as early in the term as possible.

### MORTALITY AMONG SCHOOL CHILDREN, 1958 (Aged 5-14 years inclusive)

<i>Disease or other cause</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Cancer .. .. .	1	—	1
Accidents .. .. .	2	—	2
Motor Vehicle Accident .. ..	1	—	1
	<hr/> 4	<hr/> —	<hr/> 4

### INFECTIOUS DISEASES

During the year 117 cases of Measles, 26 cases of Whooping Cough, 122 cases of Chickenpox, 267 cases of Mumps, and 30 cases of Scarlet Fever were reported as occurring amongst school children. No case of Diphtheria amongst school children was notified during the year.

#### Scarlet Fever.

Excluding cases where the diagnosis was revised, the number notified during 1958 was 51 and of these cases 30 (58.8 per cent.) were school children.

There was no death from Scarlet Fever during 1958.  
The attack rate was 2.9 per 1,000 of the school population.

### **Diphtheria**

No case occurring amongst school children was notified during the year.

## **MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION**

### **1. Candidates for entrance to Training Colleges.**

18 medical examinations were carried out by the school medical officers during 1958.

### **2. Entrants to the teaching profession.**

11 medical examinations were carried out by the school medical officers during 1958.

## **AUDIOMETRY**

Audiometry tests were carried out in connection with 3 children during the year. These children were tested on the grounds of suspected deafness, educational retardation, speech defects or slowness in hearing.

Number examined: Boys	..	..	..	..	..	3
Girls	..	..	..	..	..	Nil
Normal	..	..	..	..	..	Nil
Slight loss: One Ear	..	..	..	..	..	1
Both Ears	..	..	..	..	..	Nil
Moderate to serious loss: 1 Ear	..	..	..	..	..	Nil
Both Ears	..	..	..	..	..	2

## DENTAL SERVICE

### Report of the Principal School Dental Officer

By G. S. Cubbitt, L.D.S.R.C.S. (Eng.)

There was a satisfactory increase in the number of fillings done in 1958 compared with 1957, and a decrease in the number of permanent teeth extracted.

The waiting list for orthodontic treatment has been considerably reduced. 17 new cases were referred to the Consultant Orthodontist, some of them following requests to me from general dental practitioners aware of the reputation enjoyed by Mr. Townend and Miss Sclare as specialists in what is essentially a specialist service.

At the end of the year the interval between inspections was eighteen months, but with the appointment of a part-time Dental Officer having charge of the schools in the Snapethorpe area, and with the decline in the acceptance rate which is now becoming apparent, it is hoped to reduce the gap to twelve months by the middle of 1959. In so far as the decline in demand is due to increased use of the National Health Service it is to be welcomed as indirectly benefiting the majority who prefer the Authority's Dental Service by giving them opportunity for more frequent inspections and treatment. But unfortunately this decline is most marked in the infant schools, where the condition of the teeth gives cause for most concern, and it is my experience that few of these young children get anything but emergency treatment from the National Health Service. The fact that it is now comparatively easy to obtain relief from toothache at short notice is doubtless a factor, as is the fact that so many mothers of young children are out working, but I have been driven to the conclusion that parental apathy is increasing. To give one example of this indifference, it was found that two weeks after 162 notices of the need for treatment had been sent to parents of children attending a junior school 58 had not been returned. Yet all that was required in each case was a signature indicating consent or refusal of treatment.

In my Annual Report for 1951 I recommended that urgent consideration should be given to the fluoridation of the Wakefield water supply, and it has been a matter of deep regret to me that no action has been taken. Since then much evidence has accumulated to show that the consumption of water containing 1 part per million of fluoride reduces the incidence of dental decay in children by about 50 per cent., and that in this low concentration there are no toxic effects in children or adults. It is a gross misuse of words to call fluoridation "mass medication", it is



simply making good an existing deficiency. It is not a cure for dental diseases, and its adoption would not lessen the necessity for oral hygiene, sensible diet, and regular visits to the dentist. But with the adoption of fluoridation, and an intensification of the other methods of preventing and controlling tooth decay, the present sad state of affairs could be transformed within a few years, and an enormous amount of suffering and damage to health averted.

## CONSULTANT SERVICES

## The Orthopaedic Service.

Arrangements for the orthopaedic clinic, held at the Principal Child Welfare Centre, Margaret Street, continue on similar lines to those of previous years until the resignation of Miss McManus, the Physiotherapist, in August. The Clinic was then discontinued, apart from the visits of Miss Pearson, the Consultant Orthopaedic Surgeon, who held four sessions during 1958, and carried out 22 examinations.

The attendances at this Clinic from the 1st January to the 30th August, 1958, amounted to 1,379.

## Ophthalmic Service.

This clinic is held at the Central School Clinic, Margaret Street, Mr. S. K. Sledge, the Consultant Ophthalmologist, attending two sessions weekly.

During 1958, 772 cases were examined of which 717 were new cases and 55 were re-examinations.

The number of prescriptions issued was 387.

### Analysis of Eye Refractions and Defects (1,276 eyes).

1.	Emmetropia	..	..	..	..	4 eyes
2.	Hypermetropia	..	..	..	..	405 eyes
3.	Myopia	..	..	..	..	83 eyes
4.	Simple Hypermetropic Astigmatism				..	7 eyes
5.	Compound Hypermetropic Astigmatism				..	532 eyes
6.	Simple Myopic Astigmatism	..	..	..	..	16 eyes
7.	Compound Myopic Astigmatism				..	166 eyes
8.	Mixed Astigmatism	..	..	..	..	63 eyes
9.	Defects other than Refractive Error				..	Nil
						<hr/> 1276 eyes

Strabismus (Classified as a separate defect) .. 130 eyes  
(39 cases of Strabismus were of the alternating type).

The following cases of defective vision were specially noted because of the presence of conditions complicating the refractive error:—

1. Marked defect of vision	..	..	..	1
2. Marked Amblyopia	..	..	..	82
3. External disease or defect	..	..	..	1
4. Opacities of the cornea, lens and vitreous	..			6
5. Defects and diseases of the Retina and Choroid				7
6. Congenital Nystagmus..	..	..	..	18

#### Ear, Nose and Throat Clinic.

This clinic continued to be held during 1958 at the Central School Clinic, Margaret Street. Mr. T. B. Hutton, Consultant for Diseases of the Ear, Nose and Throat, held 2 sessions during the year and examined 17 children, all new cases. Of these 15 were recommended for hospital treatment. 9 children received hospital treatment during 1958.

At the request of the Ministry of Education, the Medical officers, during their examination of all children at periodic medical inspections, made a note on the school medical record cards of the children who had undergone tonsillectomy any time previously.

The following table gives a summary of the information collected:—

Group Entrants	Total	Sex	
		Male	Female
Number examined .. ..	675	311	364
Number who have had tonsillectomy .. ..	40	13	27
Percentage .. ..	5.9	4.2	7.4

Group Intermediates	Total	Sex	
		Male	Female
Number examined .. ..	923	450	473
Number who have had tonsillectomy .. .. .	145	77	68
Percentage .. .. .	15.7	17.1	14.4

Group Leavers	Total	Sex	
		Male	Female
Number examined .. ..	566	319	247
Number who have had tonsillectomy .. . . .	84	42	42
Percentage .. .. .	14.8	13.2	17.0

Totals		Sex	
		Male	Female
Number examined .. ..	2164	1080	1084
Number who have had tonsillectomy .. .. .	269	132	137
Percentage .. .. .	12.4	12.2	2.6

### CO-OPERATION OF PARENTS

During 1958, 68 per cent. of the parents, generally the mother, attended at periodic medical inspections.

### CO-OPERATION OF TEACHERS

The teachers give, as they always have done, the greatest possible help and co-operation in the work of the School Health Service. It is impossible to speak too highly of their assistance without which the work would lose much of its efficiency.



## CO-OPERATION OF VOLUNTARY BODIES

The two Societies that afford most help in connection with the School Health Service are the Wakefield Council of Social Service and the National Society for Prevention of Cruelty to Children. The former Society, which includes an active Guild of Help, undertakes much of the care work of the Corporation, and is of great assistance in supplying food and clothing in necessitous cases of a temporary character. Cases of apparently wilful neglect are referred to the latter Society for investigation and any necessary action, and Inspector Edmunds has proved a most helpful and zealous coadjutor. The Mayor's Boot Fund has also done most useful work during 1958 and supplied 22 pairs of boots or shoes to necessitous children.

## HANDICAPPED CHILDREN

### (a) BLIND CHILDREN.

At the end of the year there were 2 children (a boy and a girl) in Residential Special Schools.

### (b) PARTIALLY SIGHTED CHILDREN.

There were two children (boys) in Residential Special Schools.

### (c) DEAF CHILDREN.

There were 6 children (5 boys and 1 girl) in Residential Special Schools.

### (d) PARTIALLY DEAF CHILDREN.

One child (a girl) was in a Residential Special School.

### (e) PHYSICALLY HANDICAPPED CHILDREN.

One boy was in a Residential Special School.

### (f) DELICATE CHILDREN.

2 children (girls) were in a Residential Special School.

### (g) MALADJUSTED CHILDREN.

2 children (boys) were in a Residential Special School.

### (h) EDUCATIONALLY SUB-NORMAL CHILDREN.

At the end of the year there were 98 children (60 boys and 38 girls) on the Register. 6 were in primary or secondary schools, 5 were in Residential Special Schools, and 87 attended Belle Vue Day Special School.

## HORNSEA SEASIDE SCHOOL

This School was open from the 11th April, 1958, until the 3rd October, 1958, when the last batch returned home.

During the period 893 children (467 boys and 426 girls) were in residence for a period of two weeks each. The average number of children in each batch was 72.

## SPEECH THERAPY CLINIC

### Report of the Speech Therapist, by Miss Olwen Parry, L.C.S.T.

259 treatment sessions have taken place at the Speech Therapy Clinic during the year.

The following statistics will give some indication of the work which has taken place:—

Number of children on treatment list in January, 1958	..	35
Number of children on waiting list in January, 1958	..	12
Number of children referred during 1958	.. ..	34
Number of children interviewed	.. ..	27
Number accepted for treatment	.. ..	24
Number awaiting appointments (31st December, 1958)	..	16
Number of children discharged	.. ..	20

#### Reason for discharge:—

Normal speech attained	.. ..	16
Speech greatly improved, have now left school	..	2
Failure to attend regularly	.. ..	2

#### Of those discharged with normal speech:—

<i>Previous defect</i>	<i>Number</i>
Stammer .. ..	3
Defective articulation .. ..	8
Dysarthria .. ..	1
Defective articulation and voice disorder ..	2
Defective articulation and hypernasality (Cleft Palate) ..	1
Delayed Development of Speech .. ..	1
Total .. ..	16

### ARTIFICIAL SUNLIGHT CLINIC

This Clinic was held, as in previous years, at The Cliffe, Margaret Street, until the Physiotherapist, Miss McManus, resigned in August, 1958, when it was discontinued.

The total attendances for the period 1st January to 30th August, 1958, amounted to 885.

### VACCINATION AGAINST TUBERCULOSIS

During 1958 the opportunity of being Mantoux tested and where necessary vaccinated with B.C.G. was again offered to all school children in the 13 year age group. The scheme which commenced in January, 1957, has been carried out largely by Dr. J. K. Butterfield, the Assistant School Medical Officer.

Co-operation between the Director of Education and the head teachers of the secondary schools in the City is sought and it is largely due to their energy that the response to B.C.G. vaccination has been so great. Of the children in the appropriate age group eligible for B.C.G. Vaccination nearly half took advantage of the scheme.

Skin tests (which consist of an injection under the skin of the forearm) were actually completed on 516 children which represents 44 per cent. of the 13 year age group. As will be seen from the table below 15 per cent. of these children gave a positive reaction which showed that they had at some time been exposed to tuberculous infection. Negative readings were obtained from 438 (84 per cent.) children who were then given B.C.G. Vaccination. 366 of those given B.C.G. Vaccination were subsequently re-tested, when it was found that the vaccine had provided them with immunity to tuberculosis.

#### **Tuberculin Testing and B.C.G. Vaccination of Wakefield School Children born during 1945.**

	<i>No.</i>	<i>%</i>
Children born in the year 1945 who were offered B.C.G. . . . .	1145	100
Children whose parents accepted . . . .	516	44
Of those accepted:		
Children given the Mantoux (skin) Test . .	516	100
Children who had a positive reaction . .	78	15
Children who had a negative reaction and were given B.C.G. . . . .	438	85
Of the children given B.C.G. vaccination:		
Children given a further Mantoux (skin) Test who had a positive reaction . .	366	—
Awaiting a further Mantoux (skin) Test at 31st December, 1958 . . . . .	72	—



## CHILD GUIDANCE CLINIC

The Consultant Psychiatrist, Dr. S. M. Leese, has kindly supplied me with the following report on the work of the Child Guidance Clinic during 1958. Dr. Leese was appointed in October, 1958, Dr. Fenton Russell having relinquished his post.

Snapethorpe Hall is well known as a Child Guidance Clinic with an associated Educational Remedial Centre. It has had visiting psychiatrists for diagnosis and treatment of children who had problems apart from those in the educational field. Since October, 1958, this latter work has been carried on as an all-day Friday Child Guidance Clinic with a team of psychiatrist, psychologist and social worker.

The children who are referred to the clinic and are taken on for treatment, are those who are making unsuccessful attempts to deal with their anxieties. The causes may be physical, e.g. a mild cerebral palsy, or size incommensurate with chronological age; intellectual, e.g. a hitherto unrecognised poor intellectual endowment; social, e.g. inadequate or unstable parents; emotional, i.e. the interpersonal relationships between members of the family are not in harmony. The child may get satisfactions at school and show his maladjustment in relation to his home and environment, or vice-versa; or he may be out of harmony with all of his contacts. He may have one symptom or many and in my opinion the form in which the anxiety is manifest is related to the temperament of the child. The quiet, introspective child is more likely to have psychosomatic symptoms, tics, stammers, nightmares, whilst the vigorous extrovert will be defiant, aggressive, stealing, truanting. Children also have an uncanny way of producing a symptom guaranteed to attract parental attention, because the symptom is not tolerated in the parents pattern of social behaviour, e.g. something is sure to be done quickly when the well-to-do little girl begins soiling.

After a referral, contact with the parents is made by the social worker, who explains about the functioning of the clinic, and the part they will be expected to play in reviewing the family interpersonal relationships, and modifying these should this be desirable. The social worker obtains a full history of the child and the family background, but far more important, an impression of the prevailing attitudes of each member of the family towards the rest. Ideally, the psychologist sees the child before the psychiatrist, assesses his endowments and attainments, and other factors in his personality. With reports from the other two mem-

bers of the Child Guidance team and a school report, the psychiatrist is ready to see the child. It is first essential to decide whether the child's reported behaviour is normal against an abnormal background. Several of the children I have seen come into this group of families with major social problems. It is necessary that the families have a reasonably stable home life before they are suitable for the type of work we attempt in the clinic.

During the three months we had two case conferences with Health Visitor Students and advanced diploma students from the Institute of Education, Leeds. The aim is to help people working in other disciplines to understand the work in the child psychiatric field. There is also considerable liaison work with the head teachers, family doctors, health visitors, probation officers and children's officers.

The most interesting group seen during the three months have been referred by Miss Mac Bean, the headmistress of Belle Vue Special School. These children were referred because they appeared to be making no progress. All were despondent and aware of their backwardness, but were progressing from that knowledge to deduce that they were, therefore, worthless and unlikely to succeed at anything. Generally they anticipated failure. It is as well to remember that "nothing succeeds like success" at all intellectual levels. In how young a person can a genuine depression occur?

**Short statistical analysis of the children seen at Child Guidance Clinical Sessions.**

Total number of cases seen at the Child Guidance Clinic	40
Number of Psychiatric Sessions held by Dr. Fenton Russell (January to September) .. .. .	23
Number of Psychiatric Sessions held by Dr. Leese (October to December) .. .. .	20
Number of Psychiatric Interviews (Dr. Fenton Russell) ..	69
Number of Psychiatric Interviews (Dr. Leese) .. ..	54

DISPOSAL OF CASES SEEN

JANUARY TO SEPTEMBER (Dr. Fenton Russell)

Taken on for Intensive Treatment .. .. .	2
Taken on for Periodic Treatment .. .. .	9
Advice and Diagnosis .. .. .	3
	<hr/>
	14
	<hr/>

## OCTOBER TO DECEMBER (Dr. Leese)

Taken on for Intensive Treatment	..	..	..	2
*Taken on for Periodic Treatment	..	..	..	5
*Advice and Diagnosis	..	..	..	9
Waiting List for treatment	..	..	..	2
Social Worker keeping in contact	..	..	..	6
				<hr/>
				24
				<hr/>
				38
				<hr/>

\*1 case in each of these two sections taken over from Dr. Fenton Russell.

4 cases were seen at the Department of Psychiatry, Leeds, during the year:—

Intensive Treatment	..	..	..	..	..	3
Diagnostic interview only (unco-operative)				..	..	1
						<hr/>
						4
						<hr/>

## DISCHARGES

## JANUARY TO SEPTEMBER (Dr. Fenton Russell)

Court reports only	..	..	..	..	..	—
Diagnosis and Advice	..	..	..	..	..	2
Transferred to other authority	..	..	..	..	..	—
Withdrawn before examination	..	..	..	..	..	—
No co-operation	..	..	..	..	..	3
Improved	..	..	..	..	..	—

## OCTOBER TO DECEMBER (Dr. Leese)

Court reports only	..	..	..	..	..	1
Diagnosis and Advice	..	..	..	..	..	3
Transferred to other authority	..	..	..	..	..	1
Withdrawn before examination	..	..	..	..	..	—
No co-operation	..	..	..	..	..	—
Improved	..	..	..	..	..	6
Not improved	..	..	..	..	..	1
						<hr/>
						12
						<hr/>



Sex Distribution: Boys .. .. .	30
Girls .. .. .	10
	<hr/>
	40

TYPES CLASSIFIED ACCORDING TO PREDOMINANT PSYCHOLOGICAL FEATURES—

1. Delinquency — lying, stealing, truanting, sex misdemeanours .. .. .	6
2. Behaviour disorders — out of control, violent tempers, defiance, etc., aggressiveness, negativistic behaviour .. .. .	12
3. Backwardness and emotional immaturity .. .. .	11
4. Nervous disorders — anxieties, hysterical, obsessional symptoms, tics, stammer .. .. .	8
5. Habit disorders — enuresis and soiling as main symptoms .. .. .	3
	<hr/>
	40

TYPES CLASSIFIED ACCORDING TO AETIOLOGY—

1. Physical causes—	
(a) Direct — cerebral dysrhythmia, post encephalitic or post-meningitic state, spasticity, etc.	3
(b) indirect — gross physical defect, long hospitalisation .. .. .	2
2. General development retardation and low intelligence including feeble-mindedness, with or without superimposed psychotic traits .. .. .	9
3. Constitutional instability or abnormal temperamental disposition, with or without neurotic conflicts	18
4. Shock experiences .. .. .	—
5. Unfavourable environmental conditions as main factor—	
(a) Home .. .. .	8
(b) School .. .. .	—
	<hr/>
	40

## DISTRIBUTION OF INTELLIGENCE—

1. *Range*: Of the children taken on for treatment the lowest I.Q. was 71 and the highest 157.

## 2. DISTRIBUTION—

Very inferior .. .. .	6
Inferior .. .. .	5
Low average .. .. .	3
Average .. .. .	8
High average .. .. .	10
Borderline supertor .. .. .	1
Supertor .. .. .	2
Very Superior .. .. .	1
	<hr/>
	36
	<hr/>

Of the 4 other cases seen, one child was not tested and testing in respect of 3 children was not reliable.

## CURRENT CASES—

Number of children still under treatment at end of year 21

## WAITING LIST—

Number on Waiting List at end of year .. .. 15

The Director of Education has given me the following information relative to the following services:—

**SCHOOL MEALS SERVICE**

The work of the School Meals Service has continued to progress most satisfactorily during the year. The total number of meals served was 941,052 compared with 902,839 meals for the year 1957. The daily average for the year was 4,775 compared with 4,577 for the previous year. This shows an increase of 198 meals daily throughout the year.

The number of children receiving free meals daily increased from 349 to 412 during the year. It should be noted, however, that the Authority, with the Ministry of Education's approval, revised the Free Meals Scale during the year. This revision may be the reason for the increased number of children receiving free meals.

The total number of one-third pint bottles of milk served during 1958 was 1,675,574. The daily average was 8,604. This figure shows an increase of 251 bottles daily on the year 1957. It is of interest to note that the percentage of Secondary and Grammar School children taking milk is only 57 per cent., compared with 89 per cent. for Junior and Infant Schools.

During the year, the Authority's oldest School Meals Kitchen was closed, namely the Almshouse Lane Kitchen. It was found possible to close this obsolete and uneconomic kitchen by transferring the meals to other modern kitchens, attached to new schools that are working under capacity.

The Kettlethorpe Kitchen was opened at the beginning of September, and is providing approximately 250 meals daily to the Junior and Infants Departments.

For some years now, the dining arrangements at the St. Austin's Infants' School have caused concern. It was the only school in the city where children sat at desks for their mid-day meal. At the beginning of the year the St. Austin's Convent became vacant, and arrangements were made for the building to be adapted as a dining centre. It was first used after the Easter vacation. It can be said that in these better surroundings and conditions there is an outstanding opportunity for social training and for the teaching of good manners.

Over the past year particular emphasis has been laid on food hygiene and personal hygiene. Films have been shown to all staff, both full-time and part-time, to impress upon them the need for hygiene by food handlers.

## PHYSICAL EDUCATION

It is with great satisfaction that I report the fact that all Junior Schools have now indoor facilities for physical education, and therefore the children have been able to pursue a continuous course of instruction throughout the year. It is also pleasing to report that most of these Schools have some type of climbing apparatus and improved floor conditions. Both are of inestimable value from the point of view of broadening the scope of physical activity.

Changing or stripping for physical education is now the accepted procedure in most primary schools. The improved cond-



tions have aided teachers in their efforts to educate children, and in some cases parents, with regard to clothing and physical activity.

This last year has also seen the opening of the new Kettlethorpe Junior School, with its attractive hall and excellent amenities for physical education.

Progress has also been made in all secondary schools. Efforts to supplement and reinforce the work accomplished in the Primary Schools have been made under most difficult circumstances. In the absence of changing rooms and showers, health education, in relation to physical activity, tends to become mainly a theoretical subject. Without the stimulus and challenge of a gymnasium, and not unconnected the guidance of the specialist teacher, interest tends to wane and practical ability cannot be maintained over a period of four years.

It is hoped that in the extra development suggested for secondary schools the conditions for physical education will also be improved. We look forward to the completion of the Gymnasium at Manygates Secondary School in the coming year and also to the new Cathedral C.E. Secondary School.

The Wakefield City Schools have had exclusive use of Alms-house Lane Baths between 9.0 a.m. and 6.0 p.m. on weekdays throughout the school year. Once again, weekly swimming periods were allocated to top Junior classes and the secondary modern first form entry. In this way, these children have had opportunity to swim regularly over a period of two years. To supplement this programme the period between 4.0 and 6.0 p.m. was allocated to school clubs.

All schools elected to swim every term and weekly attendance figures have not shown great variation. These facts tend to prove that swimming throughout the year is well established.

### CHILD GUIDANCE SERVICE

The Child Guidance Service, which comprises the Child Guidance Centre (or School Psychological Service) and the Child Guidance Clinic (or Child Psychiatric Clinic), went through a number of changes during the year 1958.

The Consultant Psychiatrist discusses the work of the Child Guidance Clinic elsewhere in this report. It will be sufficient, therefore, to say that at the beginning of the year the need for more psychiatric sessions became increasingly greater. As a temporary measure, the Principal School Medical Officer made it possible for a number of urgent cases to be referred to Dr. W. M. Burbury and her colleagues of the Department of Psychiatry of Leeds University. We are most grateful for the help which Dr. Burbury gave us during the year.

At the beginning of October, Dr. S. M. Leese, replaced Dr. D. Fenton Russell as Consultant Child Psychiatrist and Medical Director of the Clinic. At the same time the number of psychiatric sessions was increased from one to two per week.

Mrs. E. O'Loughlin, our Social Worker, left in June after about 7 years' service with the Child Guidance team. Her place was taken by Mrs. D. M. Stevenson, a qualified Social Worker, in September.

During 1958, 138 pupils were referred to the Child Guidance Service as a whole. 40 of these were eventually referred to the Child Guidance Clinic. Most of these were seen at Snapethorpe Hall. In addition, 555 pupils were examined at school (but not all of these were examined individually), 12 pupils entered the Remedial Class, and 15 were discharged (14 as improved and 1 on medical advice).

Altogether the children referred to and discharged from the Child Guidance Centre and Clinic in 1958 may be grouped as follows:—

#### Cases referred

Referred for backwardness	.. .. .	45
Referred for behaviour difficulties, e.g. enuresis, anxiety states, lying and stealing	.. ..	20
Referred for completion of Part II of Form 2 H.P.		33
Referred for advice	.. .. .	33
Referred for Psychiatric examination	.. ..	5
Referred for Home Report	.. .. .	2
		<hr/>
		138
		<hr/>

**Cases Discharged**

Improved condition	..	..	..	..	37
Completion of Part II of Form 2 H.P.	..	..	..	..	36
Withdrawn before examination	..	..	..	..	5
Unco-operative	..	..	..	..	5
Advice only	..	..	..	..	54
Transferred to other authority	..	..	..	..	5
Left School..	..	..	..	..	2
Left the area	..	..	..	..	1
On medical advice..	..	..	..	..	2
Not improved	..	..	..	..	1
					<hr/> 148 <hr/>

The Child Guidance Centre, or School Psychological Service is concerned, above all, with educational guidance and with the screening of cases for the Child Guidance Clinic. Educational guidance may take many forms. It usually involves the individual child who is in need of help in dealing with school problems. At times, however, a whole group of pupils may be involved, as for example when a school survey is required, or when engineering apprentices at the Technical College have to be assigned to various groups. Finally, educational guidance may involve all pupils, as for example, in transfer to secondary schools, or in the construction of school record cards.

The Remedial Class of the Child Guidance Centre provides valuable help in suitable cases.

**PROVISION OF CLOTHING**

Under the provisions of the Education (Miscellaneous Provisions) Act, 1948, the Education Authority has provided clothing for 150 children during the year. The children came from 79 different families.

The number of children supplied with clothing under the Scheme during 1957 was 142.



**MEDICAL INSPECTION RETURNS****Year ended 31st December, 1958.****TABLE I.**

Number of pupils on registers of maintained and assisted  
primary and secondary schools (including special schools)  
in January, 1959      ..      ..      ..      ..      ..      .. 10,083

**Medical Inspection of Pupils Attending Maintained and Assisted  
Primary and Secondary Schools (including Special Schools)**

**A.—PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	140	139	99.28	1	0.72
1953	314	312	99.36	2	0.64
1952	204	203	99.50	1	0.50
1951	37	35	94.65	2	5.4
1950	34	34	100.00	—	—
1949	32	32	100.00	—	—
1948	25	24	96.00	1	4.00
1947	580	578	99.65	2	0.35
1946	153	152	99.34	1	0.66
1945	12	12	100.00	—	—
1944	29	29	100.00	—	—
1943 and earlier	604	600	99.33	4	0.67
Total	2164	2150	99.35	14	0.65

## B.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth)	For defective vision (excluding squint).	For any of the other conditions recorded in Table II.	Total individual pupils.
1954 and later ..	2	21	19
1953 .. .. .	10	37	47
1952 .. .. .	5	26	31
1951 .. .. .	1	4	5
1950 .. .. .	2	8	8
1949 .. .. .	3	4	5
1948 .. .. .	47	24	70
1947 .. .. .	75	39	108
1946 .. .. .	15	8	22
1945 .. .. .	3	—	3
1944 .. .. .	8	—	8
1943 and earlier ..	114	14	127
Total .. .. .	285	185	453

## C.—OTHER INSPECTIONS

Number of Special Inspections .. .. .	2828
Number of Re-inspections .. .. .	491
Total .. .. .	3319

## D.—INFESTATION WITH VERMIN

(i) Total number of individual examinations in the schools by the school nurses or other authorised persons .. .. .	8,493
(ii) Total number of <i>individual</i> pupils found to be infested .. .. .	66
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. .	28
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. .. .	8

TABLE II.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1958  
A.—Periodic inspections

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring treatment	Requiring observa- tion
		Requiring treatment	Requiring observa- tion	Requiring treatment	Requiring observa- tion		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4.	Skin .. .. .	9	12	5	9	46	73
5.	Eyes— <i>a.</i> Vision ..	18	22	130	8	422	80
	<i>b.</i> Squint ..	8	—	—	—	8	—
	<i>c.</i> Other ..	2	1	—	2	8	5
6.	Ears— <i>a.</i> Hearing ..	—	1	2	4	4	13
	<i>b.</i> Otitis Media	7	6	1	3	20	17
	<i>c.</i> Other ..	3	4	—	6	11	34
7.	Nose or Throat ..	25	35	3	3	46	108
8.	Speech .. .. .	5	6	—	—	9	16
9.	Lymphatic Glands ..	2	4	—	—	2	4
10.	Heart .. .. .	—	10	—	3	—	17
11.	Lungs .. .. .	12	19	—	3	30	38
12.	Developmental—						
	<i>a.</i> Hernia ..	—	1	—	—	—	1
	<i>b.</i> Other ..	1	2	—	—	9	10
13.	Orthopaedic—						
	<i>a.</i> Posture ..	—	4	1	10	13	46
	<i>b.</i> Feet ..	1	7	—	9	15	54
	<i>c.</i> Other ..	1	23	1	19	8	134
14.	Nervous system—						
	<i>a.</i> Epilepsy ..	1	—	—	—	1	—
	<i>b.</i> Other ..	1	2	—	1	1	15
15.	Psychological—						
	<i>a.</i> Development	—	14	—	8	—	68
	<i>b.</i> Stability ..	—	6	—	5	—	35
16.	Abdomen .. .. .	—	—	—	—	2	—
17.	Other .. .. .	9	11	3	7	34	92



TABLE II. (continued)

## B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin .. .. .	—	—
5	Eyes—(a) Vision .. .. .	—	2
	(b) Squint .. .. .	16	18
	(c) Other .. .. .	166	7
6	Ears—(a) Hearing .. .. .	6	9
	(b) Otitis Media .. .. .	5	3
	(c) Other .. .. .	29	6
7	Nose and Throat .. .. .	108	99
8	Speech .. .. .	9	13
9	Lymphatic Glands .. .. .	—	—
10	Heart .. .. .	—	4
11	Lungs .. .. .	4	19
12	Developmental—		
	(a) Hernia .. .. .	—	1
	(b) Other .. .. .	—	6
13	Orthopaedic—		
	(a) Posture .. .. .	5	10
	(b) Feet .. .. .	12	14
	(c) Other .. .. .	4	7
14	Nervous system—		
	(a) Epilepsy .. .. .	—	—
	(b) Other .. .. .	—	5
15	Psychological—		
	(a) Development .. .. .	—	28
	(b) Stability .. .. .	—	12
16	Abdomen .. .. .	—	—
17	Other .. .. .	2287	61

TABLE III.

**TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS.**

**GROUP 1.—EYE DISEASES, DEFECTIVE VISION  
AND SQUINT.**

	Number of cases dealt with
External and other, excluding errors of refraction and squint .. .. .	172
Errors of refraction (including squint) ..	905
Total ..	1077
Number of pupils for whom spectacles were prescribed .. .. .	520

**GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE  
AND THROAT**

	Number of cases treated
Received operative treatment	
(a) for diseases of the ear .. .. .	1
(b) for adenoids and chronic tonsillitis ..	52
(c) for other nose and throat conditions	1
Received other forms of treatment .. .. .	92
Total ..	146
Total number of pupils in schools who are known to have been supplied with hearing aids	
(a) in 1958 .. .. .	1
(b) in previous years .. .. .	3

**GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS**

Number of pupils known to have been treated at clinics or out-patient departments ..	49
---	----

**GROUP 4.—DISEASES OF THE SKIN (excluding uncleanliness)**

	Number of cases treated or under treatment during the year
Ringworm— (i) Scalp .. .. .	—
(ii) Body .. .. .	—
Scabies .. .. .	—
Impetigo .. .. .	25
Other skin diseases .. .. .	252
Total .. .. .	277

**GROUP 5.—CHILD GUIDANCE TREATMENT**

Number of pupils treated at Child Guidance Clinics .. .. .	40
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**GROUP 6.—SPEECH THERAPY**

Number of pupils treated by Speech Therapists	44
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**GROUP 7.—OTHER TREATMENT GIVEN**

(a) Pupils with minor ailments .. .. .	2426
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(c) Pupils who received B.C.G. vaccination ..	492
(d) Other than (a), (b) and (c) above	
1. Bronchitis .. .. .	24
2. Heart disease .. .. .	1
3. Enuresis.. .. .	9
Total ..	2952

**TABLE IV.**  
**DENTAL INSPECTION AND TREATMENT CARRIED OUT**  
**BY THE AUTHORITY**

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) Periodic inspections .. .. .	5167
(b) Specials .. .. .	122
Total (1)	5289
(2) Number found to require treatment .. ..	3216
(3) Number offered treatment .. .. .	3025
(4) Number actually treated .. .. .	1655
(5) Attendances made by pupils for treatment ..	2458
(6) Half-days devoted to: Inspection .. ..	48
Treatment .. ..	452
Total (6)	500
(7) Fillings: Permanent Teeth .. .. .	1750
Temporary Teeth .. .. .	102
Total (7)	1852
(8) Number of teeth filled: Permanent Teeth ..	1564
Temporary Teeth ..	100
Total (8)	1664
(9) Extractions: Permanent Teeth .. .. .	366
Temporary Teeth ..	1197
Total (9)	1563

(10)	Administration of general anaesthetics for extraction .. .. .	301
(11)	Orthodontics—	
	(a) Cases commenced during the year .. .. .	23
	(b) Cases carried forward from previous year ..	41
	(c) Cases completed during the year .. .. .	17
	(d) Cases discontinued during the year .. .. .	1
	(e) Pupils treated with appliances .. .. .	19
	(f) Removable appliances fitted .. .. .	18
	(g) Fixed appliances fitted .. .. .	11
	(h) Total attendances .. .. .	321
(12)	Number of pupils supplied with artificial dentures	2
(13)	Other operations:	
	Permanent teeth .. .. .	109
	Temporary teeth .. .. .	142
	Total (13) .. .. .	251







